

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 499992

1. Entity Name

SOUTHERN INSTRUMENTS AND CONTROL SYSTEMS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90092 042 ***150.00

Principal Place of Business

Mailing Address

~~2724 HIBISCUS DRIVE~~
~~P.O. BOX 836~~
~~EDGEWATER FL 32141-5404~~

2724 HIBISCUS DRIVE
P.O. BOX 836
EDGEWATER FL 32141-5404

2. Principal Place of Business

115 South Orange St.
Suite, Apt. #, etc.

3. Mailing Address

115 South Orange St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

4. FEI Number

59-1657565

Applied For

Not Applicable

Zip

32168

Country

Volusia

Zip

32168

Country

Volusia

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROSS, JR. WILLIAM L.~~
~~400 CANAL ST.~~
~~NEW SMYRNA BCH FL~~

Name

John E Medefind

Street Address (P.O. Box Number is Not Acceptable)

6081 SABAL CREEK BLVD

City

Port Orange

FL

Zip Code

32124

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

John E. Medefind

JOHN E. MEDEFIND, PRESIDENT

DATE

3/30/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MEDEFIND, JOHN E. | |
| STREET ADDRESS | 6081 SABAL CREEK BLVD. | |
| CITY-ST-ZIP | PORT ORANGE FL 32124 | |
| TITLE | VST | <input type="checkbox"/> Delete |
| NAME | MEDEFIND, NANCY L. | |
| STREET ADDRESS | 6081 SABAL CREEK BLVD. | |
| CITY-ST-ZIP | PORT ORANGE FL 32124 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John E. Medefind
JOHN E. MEDEFIND

3/31/00

904-427-3963

Daytime Phone #

CR2E034 (9/99)